

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)**

Application Number	Filing Date
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10526910

Applicant(s) Stanislaw Wierzbicki

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep
1			1				51			
2				1			52			
3				1			53			
4				1			54			
5					1		55			
6					1		56			
7					1		57			
8					1		58			
9						1	59			
10						1	60			
11						1	61			
12						1	62			
13						1	63			
14						1	64			
15						1	65			
16			1				66			
17				1			67			
18				1			68			
19					1		69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	0			3			0			
Total Depend	0			16			0			
Total Claims	0		19			0				